

CARD MUST BE TYPED

State of Kansas

CARD MUST BE SIGNED

NOTICE OF INTENTION TO DRILL

CORRECTION

CORRECTED COPY

(see rules on reverse side)

2686

Starting Date ~~1~~ / ~~3~~ / ~~86~~
month day year

API Number 15- 001-27,672 -00-00

OPERATOR: License # 5983

~~NE~~ NW . NE Sec. 2... Twp. 24. S, Rg. 17... East

Name Victor J. Leis

* * 5080 Ft. from South Line of Section

Address POB. 223

..... 1640 Ft. from East Line of Section

City/State/Zip Yates Center, KS 66783

(Note: Locate well on Section Plat on reverse side)

Contact Person Victor J. Leis

Phone 316-625-2106

Nearest lease or unit boundary line 600 feet

CONTRACTOR: License # 5367

County Allen

Name Double L. Drilg. Co.

Lease Name. Leis "A" Well # 5

City/State Yates Center, KS 66783

Ground surface elevation feet MSL

Well Drilled For: Well Class: Type Equipment:

Domestic well within 330 feet: _____ yes no

Oil _____ SWD _____ Infield _____ Mud Rotary

Municipal well within one mile: _____ yes no

_____ Gas _____ Inj Pool Ext. _____ Air Rotary

Surface pipe by Alternate: 1 _____ 2 _____

_____ OWWO _____ Expl _____ Wildcat _____ Cable

Depth to bottom of fresh water est. 20

If OWWO: old well info as follows:

Depth to bottom of usable water .. 150

Operator

Surface pipe planned to be set .. 20

Well Name

Projected Total Depth 1250

Comp Date Old Total Depth

Formation Mississippi

I certify that well will comply with K.S.A. 55-101, et seq., plus eventually plugging hole to KCC specifications. ~~_____~~ 4640 FSL
_____ cementing will be done immediately upon setting production casing.

Date 2/31/85 Signature of Operator or Agent Victor J. Leis Title. Operator

For KCC Use:

Conductor Pipe Required feet: Minimum Surface Pipe Required feet per Alt. 1 2

This Authorization Expires 7-2-86 Approved By 1-2-86

